## STANDARD CERTIFICATE OF DEATH 1000 218 STATE FILE NUMBER Registration District No. Primary Registration District No. DO NOT WRITE AMENDED FILED FER 9 7 1963 ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH Buchanan B. STATE MISSOURI B. COUNTY DEKALD a. COUNTY VS 300 admission) AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b Inside Limits days OR (Larksdale St. Joseph TOWN Yes P No 🏻 c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If outside, give location) Reside on Farm DATE HOSPITAL OR Methodist Hospital Yes X No [] INSTITUTION Yes 🗆 No 💢 4. DATE OF DEATH 3. NAME OF DECEASED Middle Last Month Year (Type or print) Raphael 196.3 19 February ase Meyer 8. DATE OF BIRTH 9. AGE (last birthday) | IF UNDER 1 YEAR COLOR OR RACE σ IF UNDER 24 HR 7. Married 🔼 Never Married [] 5 Male Divorced - Apr. 29, 1886 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY Reins most of warking life, even if retired). Mound (ity. General Carmino 14. NAME OF HUSBAND OR WIFE IJL. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Willard Meyer 710 O Pearl Meyer Hettie (ase 16. SOCIAL SECURITY NO. Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi larksdale. 94200 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: DOCUMENT ONSET AND DEATH 10 RECORD IMMEDIATE CAUSE (a) NSTEAD Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING there a pregnancy in last 90 days. disease condition given in PART I (a) AMENDMENTS ☐ Yes □ No ☐ Unknown OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20a. ACCIDENT SUICIDE HOMICIDE 19. WAS AUTOPSY PERFORMED? 20c. TIME OF Month, Day, Year Hou RIBBON INJURY a.m. p.m. STATE 20f. CITY, TOWN, OR LOCATION COUNTY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) WHILE AT WORK NOT WHILE AT WORK *IYPEWRITER* READ 21. I attended the deceased from on the date stated above, and to the best of my knowledge, from Death occurred at SHOULD 22c: DATE SIGNED 22b. ADDRESS 22a. SIGNATURE Ź ١ō AFFIDAVIT 23c. NAME OF CEMETERY OR CREMATORY (State) 23d. LOCATION (City, town, or county)

(Licensed Embalmer's Statement on Reverse Side)

To sept,

Memorial Park (emetery

ADDRESS

Lark Funeral Home St. Joseph.

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24. FUNERAL DIRECTOR

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TATEMENT BY LICENSED EMBALMER

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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If this body is not embalmed, fact should be so stated above.

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Licensed Embalmer No: "